



## Corrective Action

HRPerf001

<b>I. EMPLOYEE DATA</b>					
<b>First Name</b> Frank		<b>M.I.</b>	<b>Last Name</b> Dundee		<b>Employee Number</b> (Enter exactly as in Oracle) 1134745
<b>Position</b> Pharmacist				<b>Year</b> 2013	
<b>Select Entity</b> UHHS Geauga Regional Hospital			<b>Department</b> Pharmacy		
<b>(Check one)</b>		<input checked="" type="checkbox"/> Confirmation of Counseling <input type="checkbox"/> Warning <input type="checkbox"/> Final Warning/Suspension <input type="checkbox"/> Discharge			
<b>II. CIRCUMSTANCES</b>					
<b>Dates of attendance or tardiness occurrences:</b>					
06-Sep-2013	08-Sep-2013	20-Sep-2013			
<b>Describe the circumstances leading to the corrective action:</b>					
<p>New departmental tardy policy began 8/1/2013. It includes a late definition of 15 minutes and allows for three unexcused lates/tardies within a three month rolling period before the initiation of corrective action.</p> <p>I met with Frank 8/27/2013 and clarification was made that PTO to be used at the beginning of a shift must be predetermined and noted on the schedule, not the Kronos Exception Log. He and I agreed to this use of PTO.</p> <p>Since that discussion, Frank has been tardy three additional times without PTO being noted on the pharmacist schedule, necessitating the initiation of Corrective Action:</p> <p>09/06/2013 - 9 pm scheduled start time, arrived 9:20 pm          09/08/2013 - 9 pm scheduled start time, arrived 9:25 pm          09/20/2013 - 9 pm scheduled start time, arrived 9:22 pm</p>					
<b>Please note the policy and procedure violated:</b>					
HR-72 (Corrective Action)		HR-63 (Professional Behavior)			
HR-71 (Attendance)		HR-10 (Hours of Work)			
<b>III. ACTION PLAN</b>					
<p>Sustained and continued improvement in timely arrival for all scheduled shifts is required otherwise Corrective Action will be escalated, up to and including suspension or discharge from employment.</p> <p>All policies noted above and an EAP flier were offered to Frank.</p>					



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**IV. EMPLOYEE COMMENTS**

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**V. SIGNATURE OF ACKNOWLEDGMENT**

I understand that I may contact an HR representative to discuss questions or concerns related to this document including optional complaint resolution steps. Other than in cases of discharge, should the performance concerns outlined in this document continue, additional corrective action up to and including discharge may occur.

**Employee Signature****Date**

A handwritten signature in black ink, appearing to read 'Rachael Lerman'.

10-2-13

**Manager Signature****Date**

A handwritten signature in black ink, appearing to read 'Rachael Lerman'.

10/2/2013

PLEASE RETURN THIS FORM TO YOUR LOCAL HUMAN RESOURCES DEPARTMENT